

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2000 8:00 am**
Secretary of State

04-22-2000 90032 046 ***150.00

DOCUMENT # P96000086191

1. Entity Name

INFOHOUSE INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

**220 71ST ST
STE 217/221
MIAMI BEACH FL 33141
US****220 71ST ST
STE 217
MIAMI BEACH FL 33141-3215
US**

2. Principal Place of Business

3. Mailing Address

220 71 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 217

City & State

City & State

MIAMI BEACH - FL

Zip

Country

Zip

Country

33141**US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRUZ, JOSE O
3484 SW 53RD COURT
HOLLYWOOD FL 33312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CRUZ, JOSE O**
STREET ADDRESS **3484 SW 53RD COURT**
CITY-ST-ZIP **HOLLYWOOD FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DT** ☐ Delete
NAME **MESQUITA, VALMIR M**
STREET ADDRESS **PAULA MORAES 720 #320.B FORT. CE**
CITY-ST-ZIP **CEP. 60.155170**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DS** ☐ Delete
NAME **CRUZ, MARIA DO CARMO**
STREET ADDRESS **3484 SW 53RD COURT**
CITY-ST-ZIP **HOLLYWOOD FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 14th 2000

Date

(305) 866-6661

Daytime Phone #

CR2E034 (9/99)